

**Preliminary Report on Community Needs in the State of Nevada**  
**Conducted on Behalf of the Grants Management Advisory Committee**  
**By the Office of Community Partnerships and Grants**  
**Director's Office – Nevada Department of Health and Human Services**  
*(February 26, 2016)*

**Background**

In accordance with Nevada Revised Statute (NRS) 439.630(6), the Grants Management Advisory Committee (GMAC) is required to solicit public input regarding community needs in even-numbered years and use the information to recommend future funding priorities for the Fund for a Healthy Nevada (FHN). The Office of Community Partnerships and Grants (CPG; formerly known as the Grants Management Unit) in the Director's Office of the Department of Health and Human Services (DHHS-DO CPG) provides staff support to the GMAC and is conducting a statewide needs assessment on its behalf.

Under NRS 439.630(6), the Commission on Aging (CoA) and the Commission on Services for Persons with Disabilities (CSPD) are also required to assess needs and make recommendations regarding use of the FHN. These two commissions are affiliated with the Division of Aging and Disability Services (ADSD).

All three advisory bodies must submit recommendations to the DHHS Director by June 30, 2016, for consideration in the budgeting process for State Fiscal Years (SFY) 2018 and 2019. In addition to the recommendations tendered by the three bodies, the Director must (1) ensure that money expended from the FHN is not used to supplant existing methods of funding available to public agencies and (2) consider how the funds may be used to maximize federal and other resources [NRS 439.630(1)(j) and (k)].

The 2016 Statewide Community Needs Assessment is the third conducted by the CPG on behalf of the GMAC. The first occurred in 2012 after the 2011 Legislature amended NRS 439.630 to eliminate specific funding allocations for program areas listed in the FHN and broaden the original provision for Children's Health to include programs that "improve the health and well-being of residents of this State." This category is now referred to as Wellness. The second assessment was conducted in 2014.

The GMAC's scope of authority as an advisory body includes **FHN Wellness [NRS 439.630(1)(g)]** and **FHN Services for Persons with Disabilities [NRS 439.630(1)(h)]**. However, the GMAC's vision is that the results of the assessment will be utilized in overall budget

development for the Department and the State (as expressed in a letter from the GMAC to the DHHS Director on December 22, 2016).

## **2016 Methodology**

The first two needs assessments conducted under revised NRS 439.630 approached the process from a “ground zero” perspective. In the 2012 assessment, survey respondents were asked to check one or more priority items on a list of basic needs. Two years later, the first question on the survey gave respondents unrestricted freedom to name the one service they would fund if only one could be supported by FHN dollars. In both assessments, public forum participants were given blank post-it notes on which to write the top three priorities for themselves and/or their communities. Rather than begin at “ground zero” once more, the 2016 assessment seeks to build upon the information collected during the first two assessments and also tap into other existing data sources.

Multiple federal, state and community agencies regularly collect information about the health and human service needs of individuals and families across the spectrum of age, race, ethnicity, income levels, health status and abilities. In January and February 2016, CPG staff reviewed more than two dozen needs assessments, strategic plans and State plans and also analyzed statistics collected by multiple Nevada service providers.

In the end, some source materials were set aside because the information was not useful in establishing need. Typically, these source materials were simply not intended to identify health and human service priorities. Meanwhile, source materials that were deemed useful in establishing need presented other challenges. Most notably, the information was presented in a myriad of unique and creative ways. Some documents isolated needs with such detailed specificity that the resulting narrow subcategories were ultimately rolled up into larger categories. Other documents began with larger categories that required dissection. Fortunately, sufficient similarities existed to transform the information into a fairly clear picture of the needs of residents around the state.

The chart that begins on the following page distills the information into two perspectives. One (highlighted in blue) looks at information gleaned from existing needs assessments and planning documents produced by public and private entities. The other (highlighted in green) looks at the needs of Nevadans by analyzing the kind of help that consumers currently request from certain critical service providers.

Eight out of the top 10 categories of need are validated by both perspectives. The top two categories – Health Care and Hunger – are a perfect match. Six other categories are ranked differently but are, nonetheless, high priorities. Only two are outliers.

Category	Description	Rank	How Do Existing Assessments and Planning Documents Prioritize Needs?	Rank	What Kind of Help Do Consumers Currently Request from Service Providers?
Health Care	Health Care includes a broad range of needs including physical and mental health, the cost of care, access to doctors, insurance and help applying for Medicaid, Medicare and Nevada Check-Up.	1	Six out of nine reports list health care as either the No. 1 or No. 2 priority for the population assessed. A seventh report lists it as the No. 3 priority.	1	Four out of five program reports list health care as one of the top three services requested. A fifth lists it as the seventh most requested service.
Hunger	Hunger is expressed in multiple ways including the need for emergency food, access to public benefits such as the Supplemental Nutrition Assistance Program (SNAP) and nutrition education.	2	Six out of nine reports list hunger as one of the top three priorities for the population assessed. A seventh lists it as the No. 7 priority.	2	Four out of five program reports list food or food-related assistance as one of the top five services requested. A fifth lists it as the eighth most requested service.
Transportation	Transportation includes bus passes, gasoline gift cards, taxi vouchers, transportation for persons with disabilities and any other service that helps a consumer travel.	3	Four out of nine reports list transportation as one of the top five priorities for the population assessed. A fifth lists it as the No. 12 priority.	6	Four out of five program reports list transportation as one of the top 10 services requested. The highest rank is No. 8 and the lowest is No. 10.
Employment	Employment includes eliminating barriers to employment, assistance with resumes, job training and readiness, help with job searches, and utilizing salary subsidies as incentives to employers.	4	Four out of nine reports list employment as one of the top four priorities for the population assessed. Help preparing for and finding job opportunities are among the services needed.	5	Four out of five program reports list employment as one of the top 13 most requested services by the population served. The highest rank is No. 1 and the lowest is No. 13.
Dental Care	Dental Care includes the cost of care, access to dentists and other oral health care specialists, and insurance coverage.	5	Four out of nine reports list dental care as one of the top seven priorities for the population assessed. The highest rank is No. 2 and the lowest is No. 7.	19	Only one out of five program reports specifically list dental care as a requested service. One possible factor for the disparity in rank (5 vs. 19) is how statistics are recorded. For example, some service providers may include dental in the broader categories of health care or "other."

Category	Description	Rank	How Do Existing Assessments and Planning Documents Prioritize Needs?	Rank	What Kind of Help Do Consumers Currently Request from Service Providers?
Housing	Housing includes subsidized housing, emergency shelters, homeless services, and the general lack of affordable housing in some communities.	6	Four out of nine reports list housing as the No. 6 priority for the population assessed.	4	Three out of five program reports list housing as one of the top five most requested services. A fourth lists it as the eleventh most requested service.
Support for Persons with Disabilities and their Caregivers	Support for Persons with Disabilities and their Caregivers embraces all ages (birth to death) and typically includes respite care, Positive Behavior Support, and support for independent living such as assistive technology and home care.	7	Four out of nine reports list support for persons with disabilities as one of the top nine priorities for the population assessed. The highest rank is No. 1 and the lowest is No. 9.	8	Two out of five program reports list support for person with disabilities as a frequently requested service. One is ranked No. 2 and the other is ranked No. 9.
Emergency Assistance	Emergency Assistance is characterized as “Poverty” in some assessments and service reports. It includes services such as rent and utility assistance, general financial help, clothing and other basic needs (excluding food).	8	Four out of nine reports list needs caused by poverty as one of the top eight priorities for the population assessed. The highest rank is No. 4 and the lowest is No. 8.	3	Five out of five program reports list poverty as one of the top eight services requested. The highest rank is No. 3 and the lowest is No. 8.
Substance Abuse	Substance Abuse refers to the prevention and treatment of the misuse of alcohol and drugs.	9	Three out of nine reports list substance abuse as a priority distinct from health care. The highest rank is No. 4 and the lowest is No. 10.	0	None of the program reports used for this analysis includes substance abuse as a service that is distinct from the broader category of health care.
Education	Education is a broad category that includes early childhood education, youth tutoring, English as a Second Language, General Education Diplomas (GEDs) and other forms of educational assistance that help individuals of all ages succeed.	10	Two out of nine reports list education for children, youth and/or adults as one of the top three priorities for the population assessed.	10	Two out of five program reports list education as the seventh most requested service.

Category	Description	Rank	How Do Existing Assessments and Planning Documents Prioritize Needs?	Rank	What Kind of Help Do Consumers Currently Request from Service Providers?
Protective Services	Protective Services includes prevention of domestic violence, prevention of child or elder abuse and neglect, and other forms of exploitation, and services for victims of these crimes.	11	Two out of nine reports list prevention of domestic violence and/or prevention of child abuse and neglect as one of the top eight priorities for the population assessed. The highest rank is No. 1 and the lowest is No. 8.	13	One out of five program reports lists assistance for victims of family violence as the No. 1 most requested service. This report was generated by a program whose primary mission is to build safe and stable families.
Help Finding Information	Help finding information is typically offered through call centers or resource centers that understand available services and can direct consumers to the programs best suited to meet their needs.	12	Two out of nine reports list help finding information about services among the top seven priorities for the population assessed. The highest rank is No. 3 and the lowest is No. 7.	16	Only one out of five program reports list help finding information as a requested service. This is not surprising since most of the reports were produced by agencies that provide information and referral as a sole service or as an access point for other services within their own scope of work.

#### NOTES:

1. Beyond the top 10 categories of need, two final categories were included in the chart because the priority margin was very narrow between categories 10, 11 and 12 in the CPG's analysis of "Existing Assessments and Planning Documents."
2. Priorities were ranked in the following manner. First tier = the number of times the category of need was cited in a needs assessment or planning document, or on a service report. Second tier = the average rank the category of need achieved in those documents. For example, Employment and Emergency Assistance were both cited in four out of nine needs assessments and planning documents, but Employment achieved an average rank of 3.25 while Emergency Assistance achieved an average rank of 6.0.
3. The CPG made a decision to lead with the analysis of "Existing Assessments and Planning Documents" rather than the "Kind of Help ... Consumers Currently Request" for two reasons. Data from some of the participating providers is influenced by the fact that consumers go to them specifically seeking services that are already in place and funded. In contrast, existing needs

assessments, strategic plans and State plans typically focus on opportunities to address service gaps and/or improve existing services.

4. As a direct result of Note No. 3 above, the CPG's analysis of the "Kind of Help ... Consumers Currently Request" included three categories of need that are not represented on the chart.
  - Legal Services – Statistics from one provider ranked this as its sixth most requested service and one provider ranked it seventh – Overall rank 9.
  - Household Budgeting – Statistics from one provider ranked this as its second most requested service and one provider ranked it 14<sup>th</sup> – Overall rank 11.
  - Consumer Services – Statistics from one provider ranked this as its most requested service – Overall rank 12. *[Consumer Services is defined by the National Alliance for Information and Referral Systems (AIRS) as consumer assistance and protection, consumer regulation, tax organizations and services, and money management. Note that household budgeting (bullet two above) and money management were not combined for purposes of this assessment because the former focuses on the act of estimating income and expenditures while the latter embraces a broader spectrum of financial activities including investments, savings, banking and taxes.]*
5. The information in the chart reflects a statewide perspective. Information by county and/or region is more challenging to isolate. However, one source of service data (Community Services Block Grant) can easily be reviewed by county or region should this be deemed helpful in recommending priorities or allocating funding.

### **Next Steps**

Information gleaned from the CPG's analysis of existing data was used to build a simple online and paper survey that will allow the public to validate the findings and/or provide information that alters the findings. Likewise, a limited number of forums will be scheduled to examine the findings in public settings. The surveys and forums will also help determine whether priorities are different in different geographic areas of the state.

These steps will occur during March and early April. Public input will be analyzed by CPG staff in late April and adjustments to the preliminary findings (if any) will be made at that time. An ad hoc subcommittee of the GMAC will meet in May to review the CPG's final report and adopt recommendations for the consideration of the full GMAC at its June 9, 2016 meeting. The full GMAC's recommendations will be presented to the DHHS Director for use in development of the SFY18-19 Department budget.

## **Appendix**

Needs Assessments, Strategic Plans and State Plans utilized in the development of this report include the following.

- Statewide Needs Survey 2012, prepared by the Grants Management Unit, Department of Health and Human Services, on behalf of the Grants Management Advisory Committee
- 2014 Statewide Community Needs Assessment, conducted on behalf of the Grants Management Advisory Committee by the DHHS Grants Management Unit
- Nevada Community Services Block Grant Assessment 2011
- Commission on Aging: Community Needs and Priorities for Older Nevadans 2014
- Report of the Commission on Services for Persons with Disabilities 2014
- United Way of Southern Nevada 2012 Community Assessment
- Washoe County Community Health Needs Assessment 2015-2017
- Priorities for Elko County 2010
- Nevada Latino Health Needs Assessment 2013

Statistical reports prepared by Nevada service providers that were utilized in this development of this report include the following.

- Nevada 2-1-1 SFY15
- Aging and Disability Resource Centers SFY15
- Family Resource Centers SFY16 Quarters 1 and 2
- Safe and Stable Families (Title IVB) SFY15
- Community Services Block Grant, Community Action Agencies, SFY15
  - Churchill County Social Services
  - Carson City Health and Human Services
  - Community Chest (Storey County)
  - Consolidated Agencies of Human Services (Esmeralda and Mineral Counties)
  - Douglas County Social Services
  - Frontier Community Action Agency (Elko, Humboldt, Pershing and Lander Counties)
  - Las Vegas Urban League (Clark County)
  - Lincoln County Human Services
  - Lyon County Human Services
  - Nye County Health and Human Services
  - White Pine County Social Services (White Pine and Eureka Counties)